

Public Health Nurse Responsibilities for UNHS

1. Assist the Indiana State Department of Health (ISDH) in locating families of infants who:
 - ☐ Need initial hearing screen or re-screen
 - ☐ Did not pass the screen and need diagnostic (follow-up) assessment
 - ☐ Are at risk for delayed onset hearing loss and need follow-up
2. Discuss the importance of UNHS with families
3. Have a religious waiver signed by families if needed for ISDH documentation
4. Assist ISDH in obtaining follow-up for any families in need of assistance
5. Report findings/results of family contacts to ISDH

Public Health Nurse Protocols for UNHS

1. When a referral is received from ISDH, locate the family as soon as possible. Remember the goals are for all babies to be screened (prior to discharge), diagnosis confirmed before 3 months of age and enrolled in appropriate intervention before the infant is six months of age
2. Once located, contact the family to discuss the issue.
3. Possible issues include:
 - ☐ **Not screened:** In this case, the baby was never screened prior to discharge. Although it should not occur frequently, sometimes babies are discharged by the physician prior to screening or sometimes there may be equipment problems that occur and the infant is discharged before repairs are complete. Refer the infant back to the birthing hospital for screening. Explain to the family that UNHS screening is mandated by law and the reasons why screening is important (WHY UNHS handout, most common congenital anomaly, early identification leads to better language development, etc) *
 - ☐ **At risk:** Some infants may pass the newborn hearing screen but have risk factors associated with delayed onset hearing loss. A follow-up test is recommended at 9-12 months of age and then every six months until the child is three years of age. Explain the importance of monitoring the baby's hearing so that if a hearing loss develops in their child, it will be identified quickly and intervention can begin. Use the developmental milestones handout and the babies at risk handout and encourage the family watch for developmental progress. If a family has concerns, have the child evaluated immediately. First Steps will follow infants who have the following risk factors: Family history of permanent childhood hearing loss, congenital infection (CMV, syphilis, rubella, toxoplasmosis) and hyperbilirubinemia requiring exchange transfusion. Other risk factors do exist and if concerns arise, have the family consult with their physician.
 - ☐ **Screening not completed:** In this case, the infant had an initial screen that was not passed and was discharged before a re-screen was performed. Again, explain the importance of establishing that the baby has good hearing to the family. First Steps policy will not enroll the baby without two "not-passed" screens.. If the baby did not pass one screen, it is

important to make sure the second screen is completed. Refer the infant back to the birthing hospital for a re-screen as soon as possible. *

- ❑ **Not Passing:** In this case, the baby did not pass his screen, was referred for follow-up, but no record of the follow-up is known to ISDH. If diagnostic testing has been completed, find out where and when it was done and give this information to ISDH. If follow-up has not been completed, explain the importance of hearing (see Why UNHS handout) to the family and refer them to their physician for follow-up. Usually if parents understand why the testing is important, most will comply. If the parents feel like their baby hears well and doesn't see the need for testing, explain about mild loss or a loss in one ear, which may not be noticed but can still have implications for language learning and educational progress. If the parents have additional questions, contact the Regional Consultant for that area for further assistance.
- ❑ **Unauthorized Refusal:** This baby needs to be screened or the parents need to sign a religious waiver. Indiana law mandates hearing screening and this should be explained to the family. The only exception to refuse a screening is based on religious objections by the parents. If the parents refuse to have screening based on religious objections, they must sign a waiver that should be sent to ISDH.

*(NOTE: If a baby is older than 6 months, a screening (or re-screen) may not be possible and a diagnostic test may be needed. (Some screening equipment is not reliable once the baby reaches a certain age or size.) Refer the family to their physician for a referral for diagnostic testing. The local hospital may be helpful if they have an audiology department and can provide a diagnostic test for the older "missed" baby, but this will vary across the state. In addition, the Indiana School for the Deaf will provide diagnostic testing for any child at no charge to the family.)